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ORIGINAL ARTICLES.

OBSTETRICAL SUGGESTIONS.

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I HAVE nothing new to offer, and probably all I may suggest is common property of the medical profession. However, I desire to call your attention to some things that have been impressed upon my mind during thirty-five years of practice with a reasonable amount of obstetrical experience.

About forty years ago the foremost obstetrician of his day said, "Meddlesome midwifery is bad." That statement is as true to-day as when uttered, but it is no excuse for a lack of intelligent aid when conditions demand assistance to a parturient woman.

It is sometimes advisable to reiterate truths that we may keep them in mind.

Parturition is theoretically a physiological process and ought not to need professional supervision. However, the environment and manner of life of modern women is such that the obstetrician is needed to supervise parturition, and frequently aid the woman in labor to minimize her suffering, to safeguard her health and protect the life of the infant. To this end the accoucheur should be advised of the expected birth, and maintain a watchful care of the woman for months, that her condition may be normal and accidents and complications averted. Her clothing should be loose, not suspended from the hips, and abdominal pressure avoided. If the abdomen is pendulous a supporter is both beneficial and comfortable. Good abdominal supporters are on the market, or the woman can be instructed about a homemade one that will be satisfactory. She should be advised to take plenty of out-door exercise. All pressure upon the nipples should be avoided. For two months prior to labor massage the abdomen with oils, sometimes a mixture of oil and whiskey is better.

The nipples should be washed and massaged morning and night to develop and toughen them, but do not use hardening applications, tannic acid, etc.

If the nipples are very small or retracted, they can often be drawn out and developed by the daily use of a breast pump.

The pelvimeter ought not to be neglected; the cephalo-pelvic relationship should be carefully determined prior to labor.

Your efforts along these lines will be greatly appreciated.

Manifest a particular interest in the case, which is of supreme importance to the patient, although it may be a very routine affair to the doctor.

You will obtain the confidence and appreciation of the family, add to your reputation, and increase the size of your fees by being fully equipped for all contingencies.

Have your obstetrical bag supplied with every thing you may possibly—not probably—need.

Wear a gown and have your gloves and all things used sterilized. It is wise to do so, and by explaining prophylaxis you make a good impression on all concerned.

A proper diet should be advised to maintain the balance of metabolism, remembering that the condition of the liver and kidneys must be watched lest effete material accumulates with slow auto-intoxication Avoid an excessive nitrogenous diet, but do not go to the other extreme of maintaining an exclusive fruit diet.

It is not enough to watch for albumin in the urine; we should know the amount of urea being excreted, as well as test for acetone and indican, that we may avoid the dreaded eclampsia.

Morning sickness—the bete noir—of the pregnant woman should be controlled. While various remedies have been considered, I have found symphoricarpus is usually sufficient, also apomorphin, 1/100 grain as a dose. When it is an aggravated case it is said that acetone will be found in the urine, and soda bicarbonate will arrest it if given in sufficient doses—10 to 60 grains. The following test will reveal acetone if present: One-half to one c.c. of glacial acetic acid is added to 15 c.c. of urine, and a few drops of fresh sodium nitro-prusside solution are added. A few drops of ammonia are then carefully layered over the fluid, and if acetone is present an intense violet ring will appear at the line of contact of the two fluids.

The color of the urine must be watched, because a reddish tint is a danger signal pointing to eclampsia. If the urine continues copious and of a light amber color, it is usually not necessary to make an exhaustive analysis, but beware of a pronounced lessening of the quantity with a deep yellow or reddish tint. The presence of indican

points to intestinal putrefaction, demanding a regulation of diet.

Warn the patient of the meaning of a slight hæmorrhage during the latter part of gestation that placenta previa may not be unexpectedly encountered. Also make a physical examination to be certain that pregnancy actually exists, because physicians have been called to attend a case of labor when the patient was not pregnant. Remember that you cannot know too much about your patient. When labor begins observe strict asepsis but no vaginal douches. Be sure your hands are sterile; it is well to use rubber gloves but not absolutely essential. Be certain the rectum is empty, learn the condition of the soft parts, observe the character of the pains, because intelligent treatment will lessen the suffering of the woman and shorten the time of detention of the attendant. Chloroform is the best anæsthetic, and is a great comfort to the patient.

Do not fail to learn the presentation that appropriate treatment may be undertaken and early warning given the husband of unfavorable conditions and possible complications. Also learn to early diagnose the position, because an occiput posterior is always unfavorable, and it can often be remedied if discovered in time. I have known men who could not diagnose the position of the head after they had been several years in practice and attended many women in labor.

Remember the posterior fontanelle is often obliterated by pressure during labor, and if the examining finger detects an open fontanelle, it is usually the bregma. If nothing else will make the diagnosis sure, when labor is advanced, find the child's ear. It may be necessary to use an anæsthetic—sometimes external palpation will aid the diagnosis.

It is not sufficient to diagnose a vertex and trust to luck that the position is favorable. A knowledge of the position is desirable in the application of forceps, and is valuable during delivery to safeguard mother and child. If the os is dilating slowly, thus tiring the patient, the fingers can often give aid, but beware of metal dilators. A hot rectal enema sometimes helps, as does 20 grains of chloral hydrate in the rectum. I have seen antipyrine or acetanilid followed by a relaxation of the os. The homœopathic remedy is strongly advised, and numerous indications are given, but I am unable to select the effective similimum.

If the pains are weak I give 5 or 10 grains of quinine and repeat in half hour; frequently brandy helps, and not infrequently the homœopathic remedy. Pituitrin, hypodermically, is a most valuable remedy to increase uterine action, being reliable and prompt. I have never seen any untoward effect. It should be used *only* during the second stage of labor with a *fully dilated* os. Never give ergot before the os is fully dilated and there is no obstruction to delivery, but I do not like ergot. Discourage expulsive efforts before the os is fully dilated. They do no good and tire the woman, but by so doing you may secure the criticism of solicitous but mistaken friends. Rapid labors are prone to produce lacerations and be followed by hæmorrhage. If the perineum is rigid, lubricate is very thoroughly. Animal fat is best, and persistently stretch it, using two fingers, not two hands, working during the pains. When the os is nearly dilated but seems to halt, it is wise to rupture the membranes during a pain. It stimulates the lagging pains and hastens complete dilation. If the os is dilated and no progress is being made, do not allow the woman to become exhausted by needless suffering, but apply the forceps to avoid unnecessary suffering and delay. Do not use them too early, although some say use forceps as soon as it is possible to apply them, and with an anæsthetic deliver the woman as speedily as possible—a tear can be stitched. This is meddlesome midwifery. Deliver the head slowly, allowing the perineum to stretch. Remember the shoulder sometimes makes a laceration. Therefore, be careful in delivering the shoulder. Deliver the posterior shoulder first. Sometimes a face presentation may be changed to a vertex if the waters have not all escaped and the head not engaged. Place the patient on the side to which the chin points, elevate the hips and flex the thighs. External manipulation helps. When the child is born do not hasten to deliver the placenta, but allow the uterus time to rest; a half hour does no harm, but with a hand on the abdomen know the uterus does not relax, and when contraction is observed assistance may be given by compressing the uterus and careful extractive efforts. At times it is necessary to remove the placenta when it is in the vagina and not expelled. Always examine the placenta carefully to know it has been expelled entire. I have known the attendant to get in serious after trouble by presuming it had all come away, when a fragment had been left in utero to cause hæmorrhage or sepsis.

Remain with the patient an hour after delivery to guard against hæmorrhage. Be sure the uterus is empty and firmly contracted and thus minimize after pains. Many men advocate a full dose of ergot after the placenta is expelled to produce uterine contration, thus preventing intra-uterine accumulation and consequent after pains. If the patient's pulse is 90 or over, do not leave her as she is liable to post-partum hæmorrhage. Frequently a few doses of Aconite at short intervals will bring it down to the safety point. Always make an ocular inspection of the perineum to be certain no laceration has occurred. The examining finger cannot always detect a tear. I have sometimes felt certain there was no laceration when an ocular inspection revealed the need of repair. More than one physician has told me of his ability to detect a

laceration by digital examination, and mentioned the lack of laceration in his practice, when his patients had brought me their lacerations for repair, which he had overlooked. Always make an immediate repair. A claim for mal practice will succeed if an immediate repair is not attempted. Many men neglect the abdominal binder, but a snug abdominal binder, extending from the ensiform to below the trochanters, is frequently a great comfort and beneficial. However, judgment should be used, because many women do not have a relaxed abdomen and do not need the binder, being more comfortable without it, especially in hot weather.

It is good practice to use a solution of pix cresol or argyrol to the infant's eyes. Also watch the mother's nipples for several days to avoid sore nipples and mastitis, conditions causing suffering to the mother and humiliation to the doctor.

The various mal presentations will not be considered, as the text books give full treatment. Intelligent aid, when needed, a masterful control of many trying situations, but not undue haste by meddlesome midwifery, demands that we best conserve the health and welfare of the mother and safely receive the newcomer into greatly changed surroundings. "Every child has the right to be born well; and every mother has the right to be well after her child is born."

Don't habitually apply forceps to quickly terminate labor, although some prominent men say, "always use forceps to save woman needless pain."

Don't fail to know the uterus is well contracted before leaving your patient, thereby avoiding retained clots liable to produce after pains.

Don't deny a cup of hot milk or soup to the weary mother.

Don't allow company for several days after labor.

Don't give the baby a dose of castor oil.

Don't scrub the baby's mouth with boric acid solution or anything else.

Don't keep the baby too hot.

Don't feed the baby prior to the appearance of milk in breast, unless specifically demanded by unusual conditions.

Don't put the child to the breast every time it cries, but insist on regular feeding times.

Trusting that we may all do our best when ministering to woman in her holy hour of maternity, that we may render easier the trying ordeal which brings to our care a new being fraught with wonderful possibilities for good or for evil, and that we may tenderly care for its helpless life, let me quote a few lines:

"TO INNOMINATA."

"Dear little traveler from Nowhere land,
I send you this greeting with right good will.
I'm waiting to grasp your dear little hand,
When you come from the City of Babyville.

"You'll be tired, I know, and need to rest,
For the way has been long and sometimes drear,
But you'll lay asleep on your mother's breast,
And surely we'll love you when you get here.

"Do come, little stranger, and don't be long,
Come and we'll welcome you with right good will.
Uncle will sing you a lullaby song
When you reach here a stranger from Babyville.

"Not knowing your train time, I may be late,
But don't cry little one, have no fear.
There'll be loved ones watching just by the gate,
When you come from the Nowhere into the here."

CÆSAREAN SECTION.

BY WILLIAM DAVIS FOSTER, M. D., KANSAS CITY, MO.

UP to the year 1875 one hundred and thirteen sections had been made in the United States with a very heavy mortality to both mother and child. Included in this number of operations there was only one instance in which both mother and child were saved. In this instance, the first operation was made in 1835, and the second in 1837, on the same woman, by Professor Gibson of the University of Pennsylvania.

On May 8, 1875, Dr. S. S. Lungren, homœopathic surgeon of Toledo, Ohio, made a Cæsarean section on Anna Marie K———, æt. 29, Bavarian, wife of a tailor. This case is quite fully reported in Transactions American Institute, World Convention, Philadelphia, 1876, Vol. I., pp. 1043, *et seq.* The uterine wound was partially closed with silver wire sutures and drainage established in the lower angle of the wound by a fenestrated rubber tube, the lowest suture being passed through it. The external wound was closed with silk sutures. Both mother and child did well. The present day surgeon will be impressed with the method of closing the wound by wire and silk sutures.

Five years later Dr. Lungren made a second operation upon the same woman, removing a live child, the mother making an uneventful recovery and the baby thrived nicely. A report of this case is recorded in Transactions of the Thirty-seventh Annual Session of the Institute at Milwaukee, 1880, pp. 432, *et seq.* The wound in this second operation was dealt with in practically the same manner as that in the first operation. No mention is found of any preparation made for the operation, either of the patient, the operating room, the instruments and dress-

ings, or by the surgeon himself. Chloroform was used in both operations by Dr. Lungren. Gibson's operations were both done before ether and chloroform were used as anæsthetic.

It will be recalled that Lister's first public utterance in regard to aseptic and antiseptic methods in surgery was made in Glasgow, 1868, and his second report is published in London in 1872. It may not be uninteresting to recall the fact that Professor Samuel David Gross, of Philadelphia, in a lecture as late as 1876, before a class in Jefferson Medical College, Philadelphia, gave it as his opinion that the whole germ theory was damn nonsense. It is not recorded whether he modified this opinion before his death, in 1884.

In the first operations for large abdominal fibroids, made by Keith in Edinburgh in 1885, no mention whatever is made of any antiseptic precautions. The stump was constricted with the wire ecraseur and dressed outside the abdomen. Tait, in reporting "139 consecutive cases of ovariotomy, performed between the first of January, 1884, and the 31st of December, 1885, without a death," makes no mention of any preparations for the operations, and distinctly states that he used in the operations water taken directly from the public tap.

From the foregoing it is obvious that the practice of asepticism and antisepticism was very crude as late as 1885.

The operation of Cæsarean section is now of such frequent occurrence as to be familiar, especially to practitioners in the larger cities. This operation has been frequently compared with that of high forceps delivery and with embryotomy. The early bad record of Cæserean section was the result of many factors—lack of surgical cleanliness, unfamiliarity with surgical technic, delayed diagnosis, and many cases in which the operation was resorted to after repeated and prolonged unavailing efforts at delivery had been made by other means, such as the application of forceps and version, above mentioned.

Cæsarean section is a competitive operation with the induction of premature labor, use of forceps, turning, syphyseotomy and craniotomy. The indications for Cæsarean section are absolute or relative. The indications are *absolute* where there is no alternative and delivery *per vias naturales* cannot be affected; the indications are *relative* when there is a choice between section and various other procedures above named.

In the history of the earlier sections it will be recalled that no sutures of any kind were used to close the uterine wound. In those cases in modern surgery, in which no sutures were used, a large majority of the patients succumbed to hæmorrhage, peritonitis, septicæmia, sloughing, gangrene and exhaustion. By reason of the high mortality rate this operation was, for more than 100 years, practically abandoned. In the early seventies, in last century, operators had become somewhat acquainted with the use of silver wire as a suture material, and silver wire was used for the closure of the uterine wound about this time, thus superceding silk, to some extent, as a suture material.

Cæsarean section, as now practiced, is an operation coming more and more into favor, and is certainly, in a general way, much preferable to any of the other methods of emptying the uterus, when delivery cannot be normally effected. When the Cæsarean operation is undertaken, before any attempts at delivery have been made, nominally, the section is an aseptic procedure, and the uterine, as well as abdominal wounds, are closed, the operation being fairly safe. If, however, ineffectual and prolonged attempts at delivery have been undertaken, it is presumed that such traumatic lesions will have been caused as to make the case septic. The point, therefore, to be emphasized is that measurements of the pelvis should be taken and all other diagnostic methods employed by which the probability of normal delivery may be estimated at some time prior to the end of normal utero-gestation.

Another important factor in operation is in regard to control of hæmorrhage at the time and immediately following the incision into the uterine wall. A nurse or an assistant should grasp the uterine cervix with both hands, including the broad ligaments on both sides, and by exerting steady and moderate pressure, the hæmorrhage may be satisfactorily controlled without damage to the tissues involved. As soon as the uterus is emptied, through muscular contractions of this organ, the dilated sinuses are speedily closed so that as soon as the first and deep sutures are placed, the hæmorrhage is effectually stopped. The mortality, under favorable circumstances, is very low. (Missouri Institute.)

A good deal has been said about the scarcity of some drugs and some have declared it amounted to a famine of the numerous chemicals usually obtained from Germany. A considerable rise in prices has been made on the strength of the shortage but it is hardly likely to last long for there are large stocks in the country and surely before these are consumed our own chemists or yours should be able to supply the demand. German chemists no doubt have excelled in the production of some drugs but as to a great number of compounds they have foisted upon us these have been accepted as useful by many who would have been better without them.—*Medical Record.*

THE ADVISABILITY OF STERILIZATION IN CONTRACTED PELVIS.

BY L. C. M'ELWEE, M. D., ST. LOUIS, MO.

IN the consideration of this subject one must finally decide for himself as to whether he will do his own thinking or allow some one else to think for him. For, you know, there is a large contingent of our neighbors among us who charge us with a free will and then refuse to credit us with the ability to use it without supervision.

Let us see what a contracted pelvis, within the meaning of this paper, is. When a pelvis is altered in its diameters so that any one of them is less than 3½ inches the delivery of a full term child is impossible, says Lusk. A contracted pelvis, then, is one which is incapable of allowing the passage of a normal full term child through it because of insufficient capacity.

The question instantly becomes acute as to whether or not a married woman known to possess such a pelvis should be *allowed* to become pregnant. It is easily seen that the question is one of ethics rather than expediency, because the remedy is one which involves, to some extent at least, the moral code in the subsidiary question: Is it ever at all justifiable to prevent conception? The answer to this seems to me to naturally flow out of a cognate proposition, viz., "artificial abortion is justifiable whenever it offers the only hope of saving the life of the mother." (Lusk, p. 359.)

Since the morality (or ethics) of this general proposition passes current generally without a question, we hold that the prevention of conception is equally justified, even when the considerations for it are less and less urgent. Prevention is in every sense and everywhere more economical than cure, the ratio in general is proverbially 16 to 1, for you know that "an ounce of prevention is better than a pound (16 oz.) of cure." When one has a case of contracted pelvis in which one knows positively there is an inability to accomplish the delivery of a normal child, what then shall stand in the way of his preventing the conception of such possibly normal child? From the above we learned that it is generally agreed that infanticide, which is de facto homicide, is justifiable when by such homicide is the only means of *preserving* the life of the patient. "Of two evils choose the lesser," says the proverb, and this seems a safe guide here. While the prevention of conception in the normal woman is certainly grounds for criticism in general, we feel that it is as inhuman or brutal to dangerously burden a woman who is a cripple in her pelvis as it would be to cause her to bear dangerously heavy loads on a crippled spine. Having concluded that sterilization is justifiable, it naturally follows from the same premises that it is advisable. Economy of suffering, the forestalling of danger to and loss of life or earnings or earning power are singly and collectively sufficient reason for sterilization.

Examples galore might be adduced to illustrate the subject but would in no wise alter the facts, therefore, none are offered. The conclusion, therefore, is that sterilization is justifiable in certain cases of contracted pelvis. The act of sterilization then becomes a matter of expediency. How and when should it be best done? Since the mother's interests are the sole reason of justification the same interests must dominate the ways and means of its accomplishment. If the mother is to be sterilized this certainly should be done in such a way as to redound to her best subsequent mental and physical condition. Certainly this is to be best done by as little change in her general apparatus as possible, and such change be followed by the minimum (if any) constitutional effects. And better still (if it could be done) without the knowledge of the patient so much the better. In that case then she would be fully sexed in all respects but would not have any idea of her impossibility of conception. "When ignorance is bliss it were folly to be wise," is a proverb which applies here with fullest force. Full many a woman is jejune and knows it, but knows not why, and is happy nevertheless. Any other woman would be just as happy (perhaps more so) as the ordinary run of things. Why not the sterilized pelvic nipple?

This end may be accomplished, "cito, tuto et jecundi," without danger and at a minimum of effort and expense of any and every kind. (Missouri Institute.)

ABORTIONS.

BY W. E. REILY, M. D., FULTON, MO.

OF all the troubles of the general medical man there are none which can compare with abortions in possibilities of damage to his reputation, both professionally and morally.

Judging from the number of criminal malpractice suits which have been originated and prosecuted by the advice and consent and at the connivance and instigation of his satanic majesty and the American Medical Association, we must conclude the traditional temptress of the Garden of Eden would at least try the modern doctor with her tale of woe and an appeal to his twentieth century chivalry rather than the apple of knowledge.

Scientifically and ethically, abortion is defined as the expulsion of the product of conception, either living or dead, during the first six months of pregnancy, or before the period of viability.

Maternity hospital statistics give the percentage of abortions as about twenty-five, but we who have had any considerable experience in general practice know that in this late day when, in spite of Rooseveltian preachments to the con-

trary, race suicide is winked at even in suffrage clubs and temperance societies, the percentage of abortions to all pregnancies will reach considerably higher than fifty per cent.

The symptoms of abortion vary from a slight exaggeration of the normal menstrual symptoms during the first month, through all degrees, to the regular symptoms of term delivery after the beginning of the third month.

These symptoms are too familiar to require more than a passing notice in this paper.

The most frequent complication of abortions is the retention of the secundines. This may occur in any one of three forms. The membranes may be entirely separated from the uterus and remain within it, or they may be entirely adherent to the uterine walls, or they may be partially separated and still retained. The first of these conditions offers the greatest danger from infection, and the last offers the greatest danger from hæmorrhage and general septicæmia.

Next to retention of membranes is the danger of hæmorrhage. This may occur during the detachment of the ovum itself or during the detachment of the placenta or membranes, and is frequently the leading symptom of partial retention of membranes.

I have seen a woman bleed to syncope at the end of the first month, and when she did not suspect that she was pregnant until she passed the fœtus.

Septicæmia may follow any abnormal interruption of pregnancy, especially if there is retention of any of the membranes or excessive hæmorrhages. It is always accompanied by a rise in the temperature and frequently with a chill.

Of the causes of abortion those affecting the fœtus through paternity are advanced age, lowered vitality due to overwork or excesses, especially venereal; syphilis, tuberculosis, and such influences as lead poisoning and alcoholism.

The maternal causes may include all those affecting the father and with more certainty if both parents are affected by them.

Bad hygienic surroundings, insufficient food and certain occupations as well as uterine displacements, tumors or lacerations of the cervix frequently act unfavorably upon the mother.

Of the diseases which have a tendency to interrupt pregnancy we have: Typhoid fever, in which there occurs about 66 per cent. of abortions; more in the early months of pregnancy. Pneumonia with an average of 33 per cent. in the early months, and as high as 75 per cent. in the later months. The same conditions assume in measles.

Small-pox seems to manifest a preference for pregnant women, especially in the earlier months, but is more dangerous when occurring in the later months, during which time the more severe invasions are almost sure to produce abortion.

Malaria produces abortion in about one-half of the cases, and syphilis in a still larger proportion.

Severe traumatism and sometimes shock will produce abortion under favorable conditions.

With regard to the prognosis, we have only to consider the mother, as the fœtus always dies. In cases of spontaneous abortion, under proper care, the mother almost always recovers. The cause of abortion, the stage of the pregnancy and the degree of cleanliness and care observed by the patient, all influence the final issue of the case.

With proper care as to the complete removal of all the products of conception under strict antisepsis and with rest in bed for a period of ten days, the mortality will fall well under two per cent.

The diagnosis of abortion is usually easy. We have usually the history of entire absence or delay of the menstrual function, pain which is more or less intermittent in character, hæmorrhage, dilatation of the cervix and descent of the ovum.

Abortion may be differentiated from dysmenorrhœa by the fact that the hæmorrhage in the former condition almost always precedes the pain, while in the latter it follows it. In dysmenorrhœa the cervix is hard and closed, while in abortion the cervix is soft and more or less dilated.

In the case of threatened abortion the first point to be ascertained is whether the abortion is inevitable.

Abortion is inevitable when the membranes are ruptured, when the fœtus is dead or when any part of the fœtus is already engaged in the cervix. So long as none of these symptoms are present abortion may not occur. In the case of hæmorrhage during the early weeks of pregnancy it may be difficult to ascertain whether abortion has really taken place or not, and, if so, whether it has been complete. If the symptoms are serious enough it may become necessary to explore the uterine cavity, but this should be done with extreme caution. I have seen quite considerable hæmorrhage with pains and all the attendant symptoms of abortion pass away under treatment and the child born alive at term.

For the prevention of threatened abortion I have found no remedy to compare with Gelsemium tincture. Next to this we have Viburnum, Sabina, Chamomilla, Secale and a long list of others. Absolute rest in bed and the intelligent selection of a homœopathic remedy will do much along the line of prevention.

When the abortion becomes inevitable we should proceed according to modern obstetrical methods, and under strict antiseptic precautions be sure that we clear the uterine cavity of all tissues and membranes. I use a solution of pix cresol in all obstetrical operations, and have not had a case of puerperal sepsis in my own patients during eighteen years. (Missouri Institute.)

HAHNEMANN'S ORGANON, AND ITS RELATION TO THE ART OF MEDICINE.

BY CLARENCE S. TISDALE, M. D., JOPLIN, MO.

THE practice of medicine is neither a science nor a philosophy, as others before us have taught; medicine as a profession belongs to the field of arts, and is one of the most important of the fine arts, as may be known from its far reaching influence over human society and civilization.

The providence and mission of medicine as an art is to heal the sick and afflicted in their mental and physical expressions of life.

The human constitution being one of great delicacy, refinement and complexity, requires that any art which aims at its restoration back to health, from the state of disease, shall be based upon principles which may be readily and easily observed and understood by the physician artist, who, in turn, must have the greatest accuracy to observe and put into operation the agencies and forces used in the art.

There is no place, in any other field of human action, where man is made to take upon himself such tremendous responsibilities as the physician assumes in his honest endeavor to practice the high calling of the art of medicine.

The musician may make mistakes in the practice of his art, and do no real harm to any one; more than this, he may retrace his steps and repeat his work over and over until the false notes have been mastered and the right ones introduced, after which harmony prevails in his work.

The painter may fail to get the exact blending of colors to produce the finest of harmony in his picture, still he does no real harm to any one. He can go over his work and tone his colors up or down, from dark to light, until he has secured the desired results, and failing in this he is out only his time, labor and materials, and may with fresh materials and more time and labor try his hand again and at last succeed.

The sculptor may not at first mould the plastic clay into the full image of the ideal he has formed in his mind, and yet no great harm is done, for lo! while the clay is yet moist he may remould it until success crowns his efforts.

In all the other arts of mankind there are numerous opportunities to go back over the work and correct mistakes.

In the art of healing the sick there is no standstill, and the opportunities to correct mistakes are very few and very far apart. So that a single mistake may be the undoing of both the patient and physician.

For this reason, as students, we can never be too careful to know the exact principles upon which our art is founded, and we will never devote too much time to them, for if anything is done it will be that we neglect to give time enough to their study.

Every true art is established upon the facts and principles of a scientific philosophy, and the true art of medicine can be no exception to this rule.

If the principles of a philosophy are established upon the true facts of a positive science we have a philosophy which is true, and its application in practice constitutes a true art. On the other hand, if the principles of a philosophy are based upon the false conjectures, beliefs, opinions and theories of an assumed science which may be drawn from appearance rather than from facts, then such a philosophy is false and its practice gives rise to false arts from which only harm can come.

Of all the professed arts of cure there can be but one that is true and leads to true cures, and the only one that stands the test of time and experience is to be found alone within the Homœopathy of Samuel Hahnemann.

In his practice of the Hahnemannian homœopathic medical art the physician employs the agencies of our vast materia medica as the painter employs his paints.

Inasmuch as the painter needs to understand the principles of his art before putting it into practice with success, even so does the homœopathic artist need to know and understand the underlying principles of his art in order to successfully practice it.

The physician artist has to deal with living pictures and not shadows. He must know when a human being presents a picture of the state of health before he can detect the picture of sickness; therefore, his or her knowledge of healthy normal human nature will never be too great for his needs. Especially is this true of the physician's knowledge of his or her individual patients whom he or she should observe when in health as well as when sick.

Before the physician comes the deranged and disordered patient in the picture of whom the harmony and beauty which pertain to the state of health have been obscured by the ugliness and inharmony which pertain to the state of sickness.

The physician's art here seeks to retouch and tone up the picture of the patient, to restore again the state of health that harmony and beauty may prevail and the life again become one of usefulness.

The physician may have ever so great a knowledge of those things which go to make up the normal harmonious and healthy picture of life in the state of order, and he or she may possess a full and complete knowledge of those things which make up the abnormal, inharmonious and unhealthy picture of life in the state of disorder, and still find it to be out of his or her power to restore the patient to health; to this knowledge of man in his picture of health and sickness must be added an understanding of the agencies of materia medica.

Neither will the perfect knowledge of the

picture of man in health and in disease, and of the pictures produced upon the healthy man by all the remedies of the materia medica, enable the physician to produce a true cure, for no understanding of the materia medica can lead to success unless we come to know the underlying principles of the philosophy upon which the application of homœopathic art rests.

Only by a complete knowledge of the underlying principles of homœopathic art can the physician employ the agencies of his art with success and permanency.

These grand, far reaching, basic principles or homœopathic philosophy and the facts upon which they rest were given to the medical profession by the great master and founder of Homœopathy, and are laid down for our own use in the Organon. And the student who first becomes well trained and versed in these principles is the one who will put the agencies of the art to good and successful use, and master the art of healing as only the well instructed and wide awake homœopathic physician alone has ever done.

The greatest success in the art of homœopathic healing requires that our knowledge must cover a most thorough and intense study of the Organon, and without this knowledge we shall only be mere tyros and embryos in the great work of Homœopathy.

In view of this fact it seems to me to be a sad state of affairs (if the information at my hands is reliable) that this great work of the master is so universally ignored, as seems to be apparent to me, after numerous inquiries.

We have many excellent colleges where the courses of study in anatomy, histology, chemistry, physiology, pathology, bacteriology, pharmacology, dietetics, hygiene, obstetrics, gynæcology, surgery and the specialties are well presented, along with diagnostic methods and a detailed study of materia medica. And by men of great ability, but in which (to credit the information which I have received) the Organon is never mentioned, never referred to, never studied, and whose graduates go forth in ignorance of the great fundamental principles of Homœopathy as presented in the Organon and its philosophy.

I have known of such kind of physicians who have gone forth expecting to practice Homœopathy, but who fell by the wayside because they failed to understand how to get results that would reveal to the people the great superiority of Homœopathy over old school medicine, as they would have done had they understood how to apply the forces of their materia medica correctly and in accordance with the principles of law and order, by which alone can Homœopathy be distinguished from the old school and all other procedures.

The sole and only feature of real, pure, genuine Homœopathy, by reason of which it may be said to have an individuality of its own, can be found in its philosophy and nowhere else.

The prevailing idea that the cardinal feature of Homœopathy lies in the smallness of its dose is a farce, for the men who use alkaloidal remedies employ very small doses.

Some laymen fancy Homœopathy uses medicine only in liquid form and in water, but the eclectics also do that, while many Homœopaths never do.

Then again many people believe that the particular medicines employed make one a Homœopath, but the fact is the Homœopath not only uses the same medical substances used by all the other schools, but many other remedies never known to any other school of practice; in short, there is no substance capable of, in any way, influencing human health that the homœopathic physician can not harness and use to his advantage if he but adhere to the law of Similia.

Hahnemann's Organon, presenting as it does the underlying principle of philosophy which represents the foundation of homœopathic art, should not have been so much neglected as it seems to have been.

If this paper can but bring to your minds a better appreciation of the Organon then my life is not in vain.

The Organon is a work that goes beneath the surface; it gets down to basic and positive facts; it is a work that must be studied and pondered over, for the more we read it the broader and deeper does it lead.

The expression and language in which the master wrote seems at first so simple that we wonder where the sense lies, but with its simple words and passages there is a mighty library of truth, grasped within its pages, such as has become a revelation to us in our efforts to know the thoughts of the master.

The attitude of mind with which we approach the study of the Organon means much to what we learn from it.

The mind which is full of preconceived opinions, and is narrow and biased, may fail to understand the deeper things of the Organon, and to such a mind it may have no meaning.

The unbiased mind finds a world of truth within the passages of the Organon, and between its lines; because the unprejudiced mind is open to truth and willing to receive it at all times, and from all sources, and willing to follow it to its ends, such a mind will find in Hahnemann's Organon the beginning and the ending of medical philosophy.

Helpful companions in the study of the Organon will be found in Hahnemann's Chronic Diseases, in the theoretical part; in Prof. J. T. Kent's "Lectures on Homœopathic Philosophy," and Dr. Allen's work on "The Chronic Miasms."

When the Organon is studied together with these works, then a mastery of our underlying philosophy is possible.

Armed with such a philosophy and aided by an unabridged repertory, such as Prof. Kent has presented to the medical men and women of to-day, the study of our materia medica will be simplified and at the same time amplified and our art rendered more safe and certain.

When we neglect this full and complete study of the Organon, there can be no mastery of its doctrines, and we lose hold of the active and vital spirit of Homœopathy and have only the dead and lifeless body left behind, *i. e.*, we have the letter of the law with the spirit of its truth left out. As Shakespeare's Hamlet would not be Hamlet with Hamlet left out, so Homœopathy, with its philosophy left out, ceases to be Homœopathy.

If Homœopathy to-day is dead in some sections it has died because the Organon was never studied by those who passed as its representatives.

If Homœopathy to-day is dying, it is dying because the Organon is not being taught in our colleges to the extent that it should be.

If Homœopathy is to survive the countless confusion in therapeutics which characterizes our age, its survival will be due to the restoration in our colleges of a full, complete, careful and far reaching study of the Organon.

I fail to understand how any one should ever expect to practice the homœopathic art of healing and be successful, and not be well trained in the principles upon which it is founded, and which are set forth by its glorious founder in that marvelous little book, the Organon.

I have known students going through some of our colleges who had the nerve to condemn the Organon, even when they had never read one single page or paragraph therein.

The teachings of the Organon have been so well founded upon the basic rock of inexorable truth, and so far ahead of the time in which they were given, that modern science is just beginning to catch up with them and confirm them.

The Organon leads one out of the mire and ruts of dense materialism with its inertias into the sunlight and power of universal energy and action which is ever the controlling force at work within matter moulding it into form and individuality; thus we are placed in touch with life and its activities and taught how to observe the expressions of the same, both in health and in sickness, and do it accurately and correctly.

When we look backward over the history of Homœopathy and its early victories at the hands of Hahnemann himself and of such pioneers as Franz Hartman, Staph, Bœnninghausen, Hering and Lippe, and find them repeated in more recent times by Dunham, Nash, E. A. Farrington, J. T. Kent, H. A. Allen, J. A. Tomhaghen, George E. Dienst, and even younger members of the profession, we must grant that they get results when others failed.

When I realize that all these men were trained in the doctrine presented by the Organon, I can not but recognize how important this Organon study must be as a basis for the study of homœopathic medicine.

The great principles in the Organon can never grow useless and out of date, because they are founded on eternal truths which must ever have a place in our lives and a use to perform for us.

Men may come, and men may go; nations may be born, rise to place of power and influence only to fall into oblivion and decay, the great continents of our present age may be submerged beneath the ocean waters, while great geological changes at the hands of the earthquake, the tidal wave and volcanic agencies, may alter the face of the earth; form new lands out of soils now beneath the ocean waters, for the use of future races with their changed languages and habits of expression and the very name of Homœopathy be lost, while its principles will endure and be a science in other ages; perhaps when the fame of Hahnemann shall exist only in the mythologies that shall go down the ages, even as great men of the ages long lost now live as names in the mythologies of the past which are preserved to us in tradition.

Yes, the Organon may be forgotten in the experience of humanity, but never will its great truths be lost from the life and knowledge of the human race, for truths are eternal, they never die, but go on and live anew, under new names and in new places, for truth has never been and never will be without a witness in the world.

Surely, then, these great principles can not be beneath our notice; so let us as Homœopaths learn to base our works more fully upon a deep knowledge of the Organon and its doctrine, and make that a basis of our philosophy and our art.

What the New Testament Scriptures are to Christianity even so is the Organon to Homœopathy. Like a rock in the stormy sea of life, rearing its beacon light above the waves of confusion which beats the ocean of therapeutics into one discordant and chaotic mass of doubtful faith, even so this beacon light shines forth to guide and direct us to that heaven of rest in the eternal law of Similia.

The truths set forth by the Organon are real, positive, eternal and self-evident, because they are based upon the tangible facts gleaned from the lifelong observation and personal experiences of Hahnemann.

We can never afford to let the light of the Organon go out; therefore, let us no longer continue its neglect, but let us keep its fuel renewed through our enthusiastic devotion and loving service in the great cause that is our common inheritance.

Come, therefore, my fellow physicians, let us take the Organon down from the shelf where it has been so long neglected, and wipe from its covers the dust of years, and then open its pages

to the text and listen to the supreme injunction of our master.

"The physician's high and only mission is to restore the sick to health, to cure, as it is termed."

These words of Hahnemann's, found in the first paragraph of the Organon, are very simple but full of profound meaning.

Here we have our notice directed to the sick, but let us ask ourselves who the sick are that we must heal them? Do we know and understand who it is that gets sick and needs to be cured? Grant that we concern ourselves only with human beings and ignore the animals about us completely. Do you say the sick are men, women and children who come to us or send for us, as patients. Yes, this is true, as far as it goes, but who and what is the individual patient whether man, woman or child who needs our aid.

The Organon does not present a full answer to this question, but assumes that the physician understands who man is, and then proceeds to consider how man is made sick and why he is made sick, and his relation to the forces which make him sick as well as those which make him well.

Further on in the text the master gives numerous hints which reveal his view of the sick, and if we bring to our aid the researches and teachings of Paracelsus we may obtain a working idea of what Hahnemann's view of man was. That Hahnemann was familiar with the words of Paracelsus is well known, and that Paracelsus had a knowledge of Homœopathy is evident from statements made by Hahnemann. Both held the same doctrine concerning the sick. We are often apt to consider the body to be the man or the woman, and to look upon its tissue change as being sickness, but this is not Hahnemann's conception, and cannot be the conception of the true Homœopath, for the body is only the house in which the man lives, and the tissue change found by pathology is not the disease but the result of sickness which the man had; patients are sick before any tissue changes are evident to our senses.

Others knowing that man is superior to the body have concluded that the mind must be the real man. While this comes nearer the truth, it is not the truth, for the mind is something possessed by the real man and used as an instrument in and through which the man makes his being manifest and displays his selfhood.

The real and essential man is only an individualized intelligence in his first principles, and as such it is only to be known by the phenomena of life which he expresses in his life activities.

To endeavor to go beyond this point is to build upon theory and conjectures which can be of no value to physicians.

We may rationally assume that this individual intelligence comes from some larger universal intelligence whose works are evident in the phenomena of universal nature and creation, but our finite power can not analyze the essence and nature of such a universal intelligence, and the mode of our origin remains hidden from us save for the revelation of our faith. At this point science and philosophy must halt and faith must lead us if we enter deeper into the secrets of our being.

Paracelsus, Swedenborg and Hahnemann were vitalists and accepted as facts the things which were evidenced by the phenomena of life. Man, then, is an individual intelligent ego, and, therefore, a living, conscious creature who expresses life and action upon several planes of existence through the many agencies of an invisible, dynamic, vital force.

All that we can ever know of man, either in health or in sickness, is made known and expressed to us by the phenomena of this vital force in its activities.

The highest and innermost phenomena of vital force reveals to us man's will and man's understanding; therefore, the man becomes revealed primarily in his will and understanding. By the will man exerts his consciousness upon the things of his environment in thought and action. By the understanding man's consciousness is made to take recognition of the things of that environment in feeling and sensation.

The highest or innermost phenomena of the will and understanding, and hence of vital force, must be observed in the realm of mind life, and, therefore, the study of the phenomena of mind is as near as we can get to the real inner being, the real man, who is thus observed in the things of the will and understanding.

Vital action is first expressed by the will and understanding, through the mind, hence mind states and mental symptoms are of more vital importance than body symptoms.

The second and more external field of vital force expression is in the department of the affections or loves. And next to willing and understanding, man's loves become important and leading characteristic expressions of his life.

The outermost and lowest phenomena of the vital force are observed in the realm of the body and its organs, hence more remote from touch with the real being.

The indwelling being directs and governs the functional activities of the mind and body through the agency of the vital force whose highest and first expressions are seen in the will and understanding.

The government proceeds from the source of government, *i. e.*, the inner and central ego, and becomes expressed in the machinery of the government, the will and understanding, and from them to the lesser departments.

A true and vitalistic study of man must begin with the observation of those things which pertain to the very innermost expressions of man's life, and proceed in this manner from the inner-

most to the exteriors, from things prior to things ultimate.

All that can be known of the nature of the essential ego is that which becomes self-evident. We can safely affirm this ego to be an individual and to have intelligence. Hence we are justified to speak of it as being an individualized intelligence, but as to the essence and structure of the same we can only form theories and opinions which should not receive any place in homœopathic philosophy.

Such conception is to be found in the Orga non if we but dig down deep beneath the surface, for the teaching of the Organon is based upon a vitalistic view of man in the various planes of his being from things within to things without, from center to circumference. When man is observed in this manner it becomes evident who the sick are, in Hahnemann's view. It is this indwelling intelligence being hidden from our view that is referred to in the Organon, as being sick.

To be sick means to feel and realize the presence of disorder, and to suffer in greater or less degree because of the same.

The state of sickness represents the condition of disorder and disturbance, and if we adhere to the Organon this difference between the sick and the state of sickness must be borne in mind.

While the inner ego is never the seat of disorder, it suffers and is sick because of the presence of disorder, which pertains always to the vital force and its phenomena.

Hahnemann considers the activities of the vital force to be on the principle of a self-operating, automatic agency, yet subject to direction and control by the inner being.

In paragraph nine of the Organon this idea is brought out when he says: "In the healthy condition of man the spiritual vital force, the dynamis that animates the material body, or organism, rules with unbounded sway, and retains all the parts of the organism in admirable harmonious, vital operation as regards both sensations and functions, so that our indwelling reason, gifted mind, can freely employ this living health instrument for the higher purposes of our existence." The word mind is here used by Hahnemann in reference to the inner reason, gifted intelligence, that we prefer to term the ego. He does not use the term mind in the sense with which the modern psychologists use it, and we must observe the real sense of his meaning or be lost in confusion. When we get beneath the surface of this paragraph and read between the lines, it is evident that Hahnemann's idea is that when the vital force is normal and in order the inner being is able to direct the phenomena of mind and body along normal lines and maintain the state of health as it is seen in the free and unfettered activities of life, in which the beautiful and harmonious picture by which we come to know the normal nature of the individual, may be seen and observed. When there is disorder and disturbance of the vital force, then this inner being cannot direct the functions of life along normal lines; therefore, the expression of life and action becomes perverted and sickness is established as a result of the unaided efforts of the real and essential being to resist the disturbing forces by its feeble reactions against them.

May I try to illustrate this vital point in our philosophy? The musician produces music by playing upon some kind of an instrument which he has learned to operate. When the instrument is in good order and correctly tuned to his needs, the music which is produced is that of order, harmony and beauty. Let the instrument be out of order, and though the musician be at his best, and a great master of his art, he can produce only a disordered, inharmonious variety of noises having no order or beauty.

Let the inner ego represent the musician while the vital force is the instrument and see the analogy.

The essential ego, then, is the real being, and as such is ever in order and never gets out of order; for if it could get out of order cure would not be possible for the human art, but would ever call for Divine intervention and aid.

The state of sickness, or disorder, does not involve the inner being, but pertains to the vital force field. The disorder begins in the vital force, and, therefore, all sickness and disease must be dealt with in the vital force field.

This idea is found in paragraph eleven of the Organon: "When a person falls ill it is only this spiritual, self-acting, vital force, evtrywhtre present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent, inimical to life." In the same paragraph the master goes on to say that it is only this disordered vital force which can give us those disagreeable sensations, perverting functions and other irregular processes which we call disease. Hahnemann's idea, then, is that with the vital force in order the individual feels well and expresses harmony in his life; but when the vital force is in disorder, the person feels ill and expresses sickness in the life processes.

Disorder, therefore, relates to the mechanism of the vital force, and not to the real being. And if we follow Hahnemann we will set this disordered vital force into order and thus cure the sick.

Thus does the Organon lead us beneath the surface of things away from the external appearances and results of disorder into the very presence of actual causes, where we may learn how the sick are to be observed in their expressions, their needs made known and supplied.

Hahnemann elsewhere declares that disease producing or morbific forces can only derange man's vital force by acting upon it in a dynamic manner, this is to say, that as vital force is

dynamic it can only be disturbed by other forces of a dynamic nature, and never by crude material things.

According to the Organon the vital force is exerted from the interior to the exterior of the organism, from within outward, from center to circumference, from above downward, from the individual to the mind, and from mind to body.

This is only in keeping with the modern doctrine in biology that all processes of growth are from within outward. This is, therefore, considered to be the law of direction, which governs the operation of vital force in all of its processes of life and growth, so, therefore, the expressions of the flow outward into the outermost, from things that are in the interior. It is by this principle that the interior states may be discerned upon the exteriors of the life.

In keeping with this principle the Organon teaches us to look within the very innermost things of the human instrumentality for the source of those morbid life activities.

Since disease implies disordered vital action the morbific dynamic forces must create this vital disorder in the very innermost sources of vital force, and from this innermost center the process of disorder proceeds towards its outermost expressions where we perceive it in the signs and symptoms.

This doctrine, however, applies only to real diseases and not to the results of external and mechanical injuries or such deformities as result from them.

The teaching of the Organon being that every true disease first begins in the innermost expressions of vital force, it follows that as the disorder flows out through the mind activities and into the bodily structures, so, therefore, the process of cure must begin in things that are innermost and proceed to things that are outermost. First, starting in the vital and proceeding to things of the mind, and lastly, to things of the body.

In the light of this doctrine medical art must proceed to first adjust the vital force itself, to restore it to order and harmony. When this is once done the activities of health will follow as a natural result, and the patient will again direct the vital force along normal lines; and this is what Hahnemann means by curing the sick, a simple question of aiding the sick by restoring order to the vital force, a setting free the soul enslaved to disease by a disordered vital state. Thus vital disorder will be readjusted to order through the agency of the indicated homœopathic remedy, in suitable dose and potency, provided we follow the procedure of Hahnemann in determining what the indicated remedy is.

As the curative process begins in the interior and proceeds to the exterior, it follows that, while the outward results of a disease process may remain for some time unchanged, still the patient will feel better, and will slowly restore order through the activity of the restored normal vital action.

Only by the phenomena, which are seen and expressed in things external, of mind and body, can we learn to know the individual, either in health or in sickness, and such is the way in which the master teaches us to observe and study mankind in these mental and physical expressions of life, for only through them does the real patient, *i. e.*, *the* individual, reveal his needs.

The philosophy of the Organon, therefore, represents a study of life and vital action by which we come to know the individual. Every individual in health becomes known to us by our observation of those features and expressions which are strange, rare and peculiar.

There are many resemblances between given groups of individuals as well as things common to all men and women, but we could not know one person from another unless each had some peculiar and characteristic features which others did not show.

When we follow the Organon we will observe sick people upon the same principle that we observe them in health, and thus learn to individualize each patient.

The sick must be studied in their symptoms and by their symptoms if we are to be successful as Homœopaths, for symptoms represent the language of nature when in disorder.

We may divide symptoms into three leading classes: First, there are those innumerable common symptoms experienced by all sick people in many different kinds of sickness, such as weakness, weariness and costiveness. These are of no value either in the field of diagnosis, nor in prescribing; they may be of service in prognosis. Second, there are those symptoms which pertain only to a certain disease process, such as all persons having that disease will have; these are such as belong to the peculiar nature of the disease and upon which a diagnosis is made. These diagnostic symptoms must never be chosen as the basis for a homœopathic prescription, unless we wish to fail in curing our patient in a quick, safe, certain and permanent manner. In every case of sickness, regardless of the nature of the sickness, or the diagnosis, there is a third group of symptoms, and while only a few in number and often hard to find, they are strange, rare, peculiar, uncommon and characteristic of the patient. Keynotes of the case.

These strange, rare and peculiar symptoms reveal to us the true image of the patient, and it is upon the totality of these strange, rare, peculiar symptoms that the Organon teaches us to base the homœopathic prescription, and only by these peculiar symptoms can we find the true Similimum.

With only a few common symptoms we may select remedies until we are worn out, and stand but one chance in a thousand of getting a cure.

When only the diagnostic symptoms are used

as a basis to prescribe upon we run into confusion; one will use one remedy, another will try something else, no two will arrive at the same results.

Now this is the very thing I found physicians doing who learned materia medica without studying the Organon as a guide.

We do not discourage a careful diagnosis, we insist that it must be done; one must know the things which are common to disease and diagnostic of disease in order to be able to determine those symptoms which belong to the patient. But we do oppose the use of a diabnosis as the basis for prescribing.

When our practice is directed by the Organon we will strive to determine in each case those symptoms which are strange, rare and peculiar, since they at once reveal the patient and the needed remedy.

When this group of symptoms is found, be they ever so few in number, the greatest work is over, and the search for a remedy is very easy.

The ability to determine these strange, rare and peculiar symptoms is the one thing which spells success in homœopathic art, and reveals the work of a master.

Failures in homœopathic prescribing in curable cases may be traced to the absence of these symptoms, and the use of more common and diagnostic symptoms as a basis for prescribing.

Since the homœopathic prescription must be based upon the totality of these strange, rare and peculiar symptoms, which reveal the patient, it follows that a similar symptom picture must be present in the provings of the remedy selected.

In our study of materia medica we must search the provings of the remedies and find in each remedy those symptoms which are found to be strange and rare, for they reveal the curative powers of the remedy and give to it its own individuality.

When the individuality of the remedy corresponds to the individuality of the patient, then, and only then, can it be homœopathic to a given case, and no matter what diagnosis is made, and no matter if there has never been a cure of a given complaint by the remedy so selected, such a remedy is certain to cure in any curable case when given in suitable potency.

The law of Similia demands that we must find a correspondence and likeness between the patient's picture and the picture of the remedy. And may we let it burn into our lives that this correspondence can never be found in the picture presented by the diagnosis, but by those things which are strange and peculiar and an exception to the things of the diagnosis.

Upon the correct application of this principle rests the peculiarity and success of homœopathic cures.

We dwell upon this point because we find so many physicians believing they are practicing Homœopathy, but who prescribe only upon a diagnosis or the symptoms belonging to a diagnosis.

For instance, in a simple case of stomatitis; upon the diagnostic feature and the pathology present such remedies as Mercurius corrosivus, Mercurius vivus, Sulphur, Psorinum, Hepar Sulphur and Calcarea carbonica, as well as many others can be considered, and every physician will have his or her favorites. But if aside from diagnosic features present the patient is restless and anxious, with hot head, cold clammy feet, pale complexion, sensitive to cold, worse after midnight, worse from conversation, with thirst for very small sups of water, and very often, and with it all very sensitive to disorder, and annoyed when things are not in their right place, when pictures hang out of line, or personal appearance is not clean and in order. Such a picture will stamp stomatitis or any other disease with the image of Arsenium album, and Arsenicum will cure, and cure in short order.

Again, if to stomatitis you add a patient, sensitive to heat, to confined air, who wants the windows open, desires the fresh air in great abundance, who is sensitive, mild, tearful, with a still more concealed irritability and stubbornness, such as is only noticed after prolonged vexation, and then given full sway like to a violent tempest, which passes away and leaves its victim in tears, with forgiveness in the mind, and a desire for forgiveness and consolation. And with this a thirstless patient, who craves sour drinks if any sour foods and sour fruits, and you have a case of Pulsatilla. So regardless of any diagnosis the full likeness of the picture of the remedy alone indicates what it is that will cure in any case.

In the light of the Organon disease processes come from the interior centers and never from the exteriors; disorder is first in the vital force and afterwards in body structures.

Disease germs, so-called, follow in the path of disease processes, not as disease causes, but as products of disease action, as necessary scavengers, whose function is to clean up the tissue; but in so doing they store up within them the energy of the disease producing force.

Because they thus contain their cause they can carry it to others where it acts in its diagnostic way, provided a susceptible victim is found.

It is this invisible dynamic, disease creating power that pervades the toxins produced in the organism. And it is only in harmony with the Organon to say that the bacteria develop as scavengers and feed upon the toxins produced in the system, in which act they become affected, and that by carrying cause, they may transmit it is assumed as true; but in themselves free from toxins and prior to their feeding on toxins they are harmless.

Inasmuch as the first and original cause of the vital disorder is an invisible force operating upon the invisible vital force of the patient the law of

Similia will direct us to a similar invisible vital force secured from the indicated remedy whatever it may be.

The Organon here leads us beyond the field of the external and outermost or physical side of life and action in which we observe only the outward results of a hidden inward something called vital force.

The Organon leads us deeper into the perception of an internal, invisible and metaphysical field in which causes are active.

Bearing in mind the idea that the first and original cause of a disease acts in and upon this more interior vital force, and upon the more interior planes of existence, it only remains to state that all those causes which appear to act upon the patient from without represent only the so-called secondary causes or exciting causes, and are in reality only contributing and modifying conditions and circumstances to be considered as modalities of the case, and, therefore, a part of the symptom picture of the patient.

Homœopathy, as thus laid down by the Organon, becomes a matter of close study of individualities, requiring us to first know the normal individual as revealed by the peculiar features pertaining to the personality. When this is known we may observe the patient as an individual revealed by strange, rare and peculiar symptoms of sickness.

These points observed, our last point calls for the observation of the individuality of the remedies as portrayed in the strange, rare and peculiar symptoms of the provings.

When we observe these three individualities, the normal man, the abnormal man and the remedy, we have observed the foundations upon which a sound practice of Homœopathy may be established.

When we have made these observations and selected the remedy thus indicated, we have fulfilled Hahnemann's injunction, and ministered unto the needs of the sick by prescribing, not for a diagnosis, but for a patient.

When we base our practice upon these basic principles as set forth in the Organon, it is sometimes marvelous what a very few doses, and in many cases a single dose of medicine, will do for the patient.

A careful study of various editions of the Organon will convince any candid person that Hahnemann's work grew as his experiences and observations were multiplied, and from a belief that the healing power was a property of crude drug substances only he attained to the conception that there is in medicinal substances an interior, vital force invisible in itself, which acted upon the vital force of the patient in a more direct manner, and that it acted with greater energy and produced longer and stronger vital reactions on the parts of the patient in proportion to the deree with which it was divorced from crude drug substances. And from this discovery arose the doctrine and law of potency which seems to have caused so much confusion in our ranks.

Had Hahnemann lived in this modern age, when the facts pertaining to radium and other related radio-active forces are being brought to light, and the scientific conception of matter is undergoing changes, there is no doubt but that he would tell us that the vital force is in essence, but a radio-active expression of substance, and that the energy liberated in the potencies is but a form of radio-active substance.

Geoffrey Martin in a recent work, "The Triumphs and Wonders of Modern Chemistry," states: "That man came to realize that within the very atoms of matter there exists such incalculable vast funds of energy that the sum total of all the energies previously recognized and now called extra atomic are as nothing compared to them. Indeed the energies hitherto known to us are merely the overflow trickling from the immeasurable ocean of intra-atomic energy." Have we not simply harnessed these so-called intra-atomic energies when we employ the higher potencies?

Cannot a substance have existence beyond our sense limitations and yet display its force in our life activities.

Who among us is wise enough to dare bound the limits of matter and its sub-divisions, and who can say when we have reached the limit of universal energies.

When the physicist Thompson states that if the energy in the atoms of one grain of hydrogen were liberated it would be able to lift a million tons to a height of more than one hundred yards, may we not expect that the energy liberated from one grain of Natrum muriaticum may so disturb the vital force of man as to make him violently sick, whereas the crude salt has no influence upon him.

When we consider that the possibility of electrified tons moving along and between the atomic particles of the metal in a wire, will generate thousands of horse power, we see the tremendous force of atomic and intra-atomic energies, and begin to admit the existence of invisible forces.

The unseen world is, after all, the only real realm of power and cause, while the one which is seen is but an effect.

Who can deny the chemical nature of the invisible rays of magnetism, electricity and light, all of which are radio-active and able to induce chemical changes in gross compounds.

There is a radio-active energy which flows from the poles of the magnet and those which pass from the negative pole have a very similar radiographic power as that of the X-rays.

These rays will penetrate apparently solid things and cast a shadow upon sensitive films exactly as the X-rays, but with less intensity and clearness.

You may use a hack saw and cut a steel magnet

up into several pieces and each piece will retain the same magnetic charge and produce the same radiographic effects.

Moreover, you may take steel filings and charge them with magnetism, and from a mass of such filings you may secure radiographic results.

Again we may take a grain of these magnetic steel filings and triturate them with nine grains of sugar of milk, and from the 1x attenuation thus made we secure radiographic results.

This process may be carried as high as the 6x trituration, and yet produce the same results on very sensitive films.

Who among us can define the limit of human susceptibility and say that it is not more delicate than the most sensitive film ever devised.

So long as each succeeding increase in the attenuation displays a power that can alter man's health, that potency will make sensitive people sick and restore the sick to health, and whenever such results are found there must be an active but invisible force present.

If you will but look into the researches of Paracelsus and Baron Karl von Reichenback, of Vienna, you will find that these two thinkers, living in ages quite remote and without any knowledge of the other's work, both came to the conclusion that there is in nature an all-pervading subtle and penetrative etherial substance by which an invisible life force is expressed. That streams of this subtle etherial essence emanate from every particle of matter, in both the animate and inanimate world.

Turn again to our own time and review the elaborate work of Dr. E. D. Babbitt, on "The Principles of Light and Color," and to Dr. J. R. Buchanan's volume of Anthropology, published in 1854, also his manual of Therapeutic Sarcognomy, and you will find evidences leading to the same conclusion.

This paper has, however, gone beyond its intended length, and we must close. But rest assured we have only entered into a just realization of the crowning work of Hahnemann.

There is a law of potency yet to be unveiled. We are to-day upon the shore line of a world of transcendental force and substance, which a few have had a vision of, but to which the masses are blind. We who stand upon the shore and look across the veil, and perceive the invisible realms of substance, and feel its forces, would gladly direct your thoughts beyond things visible and external into things invisible and internal. But even were you disposed to hear our words other papers would be required.

Let us, however, press forward and go where truth will lead regardless of results. (Missouri Institute.)

The Homœopathic Hospital of Iowa University treated in 1913, 580 cases with 7 deaths.

NUX VOMICA.

BY D. M. GIBSON, M. D., ST. LOUIS, MO.

NUX VOMICA is derived from the seeds of a tree bearing the same name. This tree is short with a thick usually crooked trunk, and one species growing in the island of Java and differing but little from the officinal plant, is used by the natives to poison their arrow tips. This poison is prepared by boiling the root in water until the residue is a thick extract, and this is known as the deadly upas mentioned by the poet Longfellow.

The nux vomica bean or seed is an orbicular disk nearly an inch in size with thickened edges, is hairy, and when this is removed exposes the dull brownish seed. This seed is inodorous but very bitter, and, since it contains strychnine, is poisonous, as is doubtless all parts of the tree.

Medicinally, it is prepared by powdering the dried seeds—no easy task let me say—and from the powder so obtained we may obtain the alkaloids, strychnia, brucine and igasuria.

Nux, like its alkaloid, is a powerful poison, but acts differently in different animals, affecting the frog and dog quickly, violently and fatally, while the hen, cat and sheep are not affected, though ruminants, while able to take as much as ten grains of strychnia per oram, die from a much smaller dose given into the veins.

Experiments have proven, or, at least, led to the conclusion, that it does not act upon the brain, the muscles or the nerve trunk, but upon the gray matter of the spinal cord and the vasomotor centers; that in small doses it excites and stimulates these vasomotor centers, and in large doses paralyzes them; hence, it slows the pulse but does not in doing so affect the pneumogastrics.

Powdered nux or fluid extract applied to the skin is a powerful irritant, and if applied to a denuded surface its effect is much more prompt and violent. In full doses it stimulates the secretion and excretion of urine, loosens the bowels and acts as a general tonic, but if long used produces directly opposite results. It is likewise one of the best remedies known in the treatment of alcoholism, acute or chronic.

As a tonic, laxative, a general tonic, and a medicine for the stomach, it is much used by the old school brethren, and many a Homœopath could well employ it with good results in like conditions. Its symptomatology is wonderful, varied and complex.

In the beginning I said the beans grew on a thick, somewhat stout and usually crooked tree, so also the subject best suited to the action of Nux is the person of stout constitution, positive, usually dark of hair and complexion, with pronounced veins, positively and often forcibly expressed, too often short tempered, cross and irritable; in short, a subject well set in his ways or having lost the vigor and vitality of youth,

he frets at his condition and the condition of all about him; is cross with himself and all about him. He sits with drooping eyelids, sallow skin, torpid liver, deranged stomach, constipated bowels and dribbling or retained urine; he forms a picture of unhappy old age.

Nux is a contrary remedy, and this contrariness is seen in all its symptoms; for instance, the constipation alternates with diarrhœa, and while the stomach is sour and the condition may well be termed gastric catarrh, the throat and nasal mucosa will be dry, giving rise to obstruction of the nose and a dry cough. Pain when it is present under the influence of Nux is intermittent, violent for a time but soon subsiding, only to return at short intervals like the convulsions occasioned by a poisonous dose of the drug.

Thus in headaches it is most useful in so-called sick headaches or for that dull ache in the frontal portion of the skull occasioned by overwork, over-indulgence of any kind or loss of sleep.

Nux does not act upon the brain but upon the sympathetic system and those nerves arising from the spinal cord, hence the patient considers himself worse than his physical condition shows him to be really.

Nux is looked upon as a good remedy for piles, and for those of the internal variety use just enough Nux to rouse the abdominal brain; stimulate its action as well as rouse up the dominant portal circulation, get rid of the hard, dry fæces and gathering toxins, and presto, the piles go their way.

Varicosed veins it will not cure, neither will it remove broken hæmorrhoids; these are not proper subjects for medication, they belong to the surgeon.

Neither will it cure prolapsed uterus, but it does help in this condition, relieves the sense of weight and engorgement, reduces the attendant leucorrhœa, tones up the bladder, relieves the despondent mental condition and materially aids whatever local measures may be used.

Nux is a fine remedy in malarial conditions when all other remedies fail; as a rule, Nux will cure—the conditions are all masked by medicine or otherwise—the chill comes any old time and comes often after the patient will have shivers with a temperature of 102°, and at the same time exhibit cold hands and bluish colored nails, while heat externally applied aggravates his condition. Sweating is not well marked, but if it appears is sour and affords no relief. Nux will unravel this tangled condition and give us a clear picture of the case; for example, Nux will often have to be followed with Natrum muriaticum or Sepia. Seldom will it cure completely if unaided. (Missouri Institute.)

DISEASE. ITS PREVENTION, CAUSE AND CURE.

BY J. T. BOLAND, M. D., KANSAS CITY, MO.

MODERN dictionaries define disease as being "Any mental, moral or physical disorder."

I have read somewhere that "The well needeth not a physician," and another teacher has written that "The first and sole duty of the physician is to restore health to the sick."

The same teacher has given an unexcelled description of the causes of the various diseases with which mankind is afflicted, and a careful study of his "Organon" will, by comparison, demonstrate how greatly superior its teachings are to the modern theories of the causes of disease and their prevention, including the intervening agencies that prevent the cure of the sick.

I have frequently heard it asserted that "The Organon" was deficient in omitting the most important element of "medical science," viz., that of "preventive medicine."

To those who may entertain any such opinion I would suggest that they give attention to descriptions as given by Hahnemann in his work on "Chronic Diseases" in which he speaks of the hurtful and health disturbing substances which have crept into daily use in almost every household through our modern sensual refinements, and also to his article on "Coffee" in "The Lesser Writings," where he describes its effect as produced on the life forces, as varied by its occasional or continued use, all of which is given by him in minute detail, and which, as a comprehensive whole, stands alone and unequaled.

He mentions the influence that international commerce has produced by furnishing the market and shops of the West with the seductive health disturbing substances at ready hand to both deprave and feed the depraved appetite for profit's sake.

He states that commerce places at ready hand the opiates, teas and spices of India and China, the coffees and aromatics of Arabia, and the cynipics of Africa, none of which contribute to the maintenance of the equilibrium of the vital force, and the continued use of any of which will disturb health and produce disease.

If we add to these the pernicious effects of tobacco and the effects of alcoholic substances, both distilled and fermented, and acquaint ourselves with the effects that their use produces, we may begin to understand why Hahnemann enjoined their total interdiction.

And again we find him forbidding the use of the flesh or products of swine in any form, his injunction being as imperative as that of the "ancient law giver," though he assigned a different reason for doing so, that seems to me more consistent, yet doubtless their purpose was the same.

The fact has been recognized from time immemorial that the use of swine flesh as food aggravates the active and develops the latent forms of leprosy, which Hahnemann describes as the most malignant form of psora, which is both contagious and hereditary, and which under varied or modified conditions manifests its hydraheaded effects in almost innumerable forms, a partial list of which are described in his "Chronic Diseases," Vol. I., with the requisite treatment, including the hygienic, the sanitary and the medicinal.

In the same work there is a consecutive and accurate description of the evidences of the different chronic miasms and the assurance of their being the background of the greater part of all acute diseases, which are not of zymotic origin.

Here he clearly differentiates that class of diseases, both acute and chronic, that result from other causes which may be and are actually cured without employment of medicine by removing their causes, such as:

Living in marshy districts or damp or illy ventilated houses.

Exhaustion by mental or physical overwork.

Insufficient nourishment.

Anger, fear, chagrin, sorrow, loss of sleep.

Excesses in eating, drinking or venery.

The continued use as aliments of powerful medicinal substances, such as coffee, tea, opiates, narcotics and cynipics.

Extremes of heat or cold, etc.

Or, on the other hand, he advises moving to a more healthful locality or to a better residence.

A change to more congenial surroundings, less exhausting employment or correcting dietetic and other hurtful habits, when the organism will regain its normal condition without the aid of medicine.

He also teaches that perfect health gives the greatest immunity from disease.

That the prevention of disease requires the most perfect sanitary environment, a correct hygienic regimen, the avoidance of all infection by inoculation, and the curing of the chronic miasms.

Also that vaccine inoculations engraft a chronic miasm on the organism which enervates the vital force, lessens the power of resistance and renders the individual more susceptible to disease.

It is morally criminal for a practitioner, who professes to be a Homœopath and a master of the healing art, to neglect to inform himself of the effect of these health disturbing substances which the great master has so graphically described, which are in such common and universal use, and which aggravate disease and neutralize or counteract curative treatment.

Prescribing a medicine is but a minor part of a physician's duty.

To know and to teach mankind to distinguish the useful from the noxious is the duty of the medical profession, individually and collectively, to the end that they may ultimately render the existence of *such profession* unnecessary. (Missouri Institute.)

BOOK REVIEWS.

PRACTICAL THERAPEUTICS. With especial Reference to the Application of Remedial Measures to Disease and Their Employment Upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College of Philadelphia. New (15th) edition, thoroughly revised and rewritten. Octavo. 998 pages, with 144 engravings and 7 plates. Cloth, $4.00, net. Lea & Febiger, Publishers. Philadelphia and New York. 1914.

Hare's Therapeutics has become one of the classics of medical literature. Excepting only Gray's Anatomy, it has probably been more widely used, both by students and physicians, than any other work in any department of medicine. It has always held the distinguished position of being by far the best exponent of therapeutics in the English language, and in its many edition it has reflected faithfully the wonderful advances of the past twenty-five years. The present edition (the fifteenth) is, if possible, an improvement over its excellent predecessors. The same plan is followed throughout; the useful characteristics have been maintained; the text has everywhere been brought up to date, and certain articles have been added or rewritten, as, for example, those on salvarsan and neosalvarsan, tuberculin, anæsthetics, digitalis and the other cardiac drugs. The text which deals with many of the newer methods, such as vaccine therapy, will be found judicial and unbiased. The following quotation from the preface is characteristic of the spirit which pervades the entire work:—"This is the era of therapeutic rationalism, when remedies are given not because they are recommended by, or said to be valuable by, some authority, but because their use appeals to the medical man who has a knowledge of the physiological, pathological, and therapeutic problems to be faced, and can, therefore, judge for himself what remedy is best suited to a given case when he is informed how it acts."

A TEXT-BOOK OF PATHOLOGY. For Students of Medicine. By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, Montreal, and John McCrea, M. D., M. R. C. P. (London), Lecturer in Pathology and Clinical Medicine in McGill University, formerly Professor of Pathology in the University of Vermont. Sec-

ond edition, enlarged and thoroughly revised. Octavo. 878 pages, with 35 engravings and 13 colored plates. Cloth, $5.00, net. Lea & Febiger, Publishers. Philadelphia and New York. 1914.

The great popularity into which this work sprang immediately on publication, is shown in the appearance of a new edition only two years after the original issue. Such success can come from only one cause, and there can be no doubt as to the surpassing merits of this work. Pathology is probably the most difficult subject to present of any in medicine, and heretofore it has baffled almost every effort. The authors of this work, however, are admirably equipped. They are pathologists of unexcelled scholarship and literary ability, and they possess a commanding knowledge not only of pathology itself, but also of all the sciences contributory thereto. They have carried on original investigation, study and research, so that they speak with the authority of first-hand knowledge. It is their aim to teach the student to think for himself and accordingly in this work continued emphasis is placed upon the reasons underlying pathological conditions. In the new edition all the reliable advances of the past two years have been included. A new chapter on "The More Important Infections and Their Prominent Features" has been inserted. The classification of tumors has been simplified, the recent work dealing with toxins and the effects of "split products" is included; a syllabus has been placed at the beginning of each chapter; and the volume is completely cross indexed. A fair idea of the thoroughness of the revision may be obtained from the fact that the new edition contains over one hundred additional pages, as well as 91 new engravings, and 2 new colored plates.

A Text-Book of the Diseases of the Nose and Throat. By Jonathan Wright, M. D., Director of the Department of the Laboratories, New York Post-Graduate Medical School and Hospital, and Harmon Smith, M. D., Surgeon to Throat Department of the Manhattan Eye, Ear, Nose and Throat Hospital; Clinical Professor of Laryngology and Rhinology, Cornell University Medical School. Octavo. 683 pages, with 313 engravings and 13 plates. Cloth, $5.00, net. Lea & Febiger, Publishers. Philadelphia and New York. 1914.

This new text-book of laryngology is a notable addition to the literature of the subject. While essentially, by reason of its clarity of statement, logical plan and unusual literary style, all that a text-book should be, it is, moreover, a most comprehensive general treatise on its subject. Both text and illustration give abundant evidence of painstaking effort in the accumulation of material and its preparation for presentation.

The feature that at once distinguishes this book is the emphasis laid upon the etiology and pathology of disease. Recognizing this as essential to logical and scientific procedure, the authors advance in their discussion of nasal, laryngeal and pharyngeal morbid processes from an etiological and pathological basis. While it has been their aim to give causes and consequences the consideration due their importance, this has not been accomplished at the expense of other aspects. The consideration of symptomatology and diagnosis and the topical and operative treatment of diseases of the upper air passages follow in natural and logical sequence and in no less comprehensive detail.

Much of the work in etiology and pathology rests on original investigation in the laboratory and clinic extending over many years. While the authors' familiarity with the extensive literature of this subject is evident, reference and historical allusion are studiously subordinated to the presentment of original research and conclusion.

An easy literary style carries the attention of the reader, while the illustration is so complete, detailed and extensive as to be remarkably illuminative.

While planning a text-book, the authors have succeeded also in recognizing and emphasizing exactly what is required by their fellow practitioners. In its nearly 700 pages is comprised practically the sum total of present-day knowledge in laryngology, so logically arranged, with such a wealth of illustration, with all procedures so clearly set forth, that it should be of the utmost value to every general practitioner who treats the nose and throat, as well as to the specialist in this field.

Nervous and Mental Diseases. By Joseph Darvin Nagel, M. D., Consulting Physician to The French Hospital of New York, Member New York Academy of Medicine, Honorary Member Societe Royal de Belique, etc., Physician to St. Chrysostom's Dispensary. New (2d) edition, revised and enlarged, 12mo, 293 pages, with 50 engravings and a colored plate. Cloth, $1.00, net. (The Medical Epitome Series.) Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The mere acceptance of the monumental task of collating and digesting the immense volume of material of nervous and mental diseases commands attention, while Dr. Nagel's marked success in the formidable undertaking is a fitting culmination to such an effort.

Each page of the epitome gives evidence to a notable and equal degree of the author's own wide experience and study, and of his careful and painstaking review and assimilation of the voluminous literature of this subject, including the most recent discussions and announcements.

The author has mastered to an unusual degree the art of concise statement, with the result that

a surprising amount of essential matter is presented in very full detail. In the process of condensation the tendency is naturally to omit matter which may be of substantial value to the student, but the volume under consideration is singularly free from such omission. The revision has been most complete. Several sections have been practically rewritten and substantially enlarged. Changes in classification, particularly in mental diseases, have brought the epitome into complete accord with the most advanced thought. The plan of presentation is so orderly as to render the vast amount of condensed information presented most readily assimilable. The illustrations are numerous and well chosen, showing characteristic clinical types and schematic presentations of nerve tracts and connections.

The undergraduate who masters this compact volume will find himself possessed of a thorough grasp of the fundamentals, while the busy practitioner will find in it a most useful aid to memory. The sets of questions reviewing each chapter are supplemented by a list of questions selected from recent State Board examinations, which will be most valuable to the student who desires to test his own knowledge or to prepare for examination.

An Epitome of Pediatrics. By Henry Enos Tuley, A. B., M. D., Late Professor of Obstetrics, Medical Department, University of Louisville; Editor Louisville Monthly Journal of Medicine and Surgery; Late Chairman of Section Diseases of Children, American Medical Association; Ex-President American Association Medical Milk Commissions, etc. New (2d) edition, revised and enlarged. 12mo, 324 pages. Cloth, 1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914. (Lea's Series of Medical Epitomes.)

In no field have advances been more rapid or the widening of knowledge more marked than in pediatrics. This wealth of new material has impelled the author to practically rewrite his earlier work in preparing the new edition.

The character and scope of the book have not been altered. It contains the essentials of the subject as taught by the foremost authors, instructors and specialists, collated and epitomized by the author with marked success. He overlooks no necessary detail on the whole wide subject from birth to adolescence, with ample consideration of the anatomy, development, care and examination of infants, the therapeutics peculiar to that age, the feeding of infants and other children, and the symptomatology, diagnosis and treatment of the various diseases.

Important additions have been made to the chapter on contagious diseases; a valuable chapter on diseases of the skin added, and important additions and modifications made in the section devoted to infant feeding, certified milk, milk modification, pasteurization, etc.

The book is characterized by completeness as much as by the author's success in condensing the essentials of so broad a subject within the limits of a volume of this size. The set of questions terminating each chapter has been substantially amplified. The student's demand for condensed literature on pediatrics has been successfully met, and his mastery of this small volume will qualify him for examination or for putting his knowledge into practice.

The Practice of Surgery. By James G. Mumford, M. D., Lecturer on Surgery in Harvard University. Second edition, thoroughly revised. Octavo volume of 1,032 pages with 683 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $7.00; half morocco, $8.50.

This is the second edition of this popular and meritful work. We know of no text-book on the subject that can equal this one, and we cannot see how the entire field of surgery can be presented in a more concise and thorough manner. The illustrations alone, being practically new, are in themselves a surgical education. Besides all this it is a practical book, and presents the surgery as the physician and surgeon will meet with it at the bedside, in the accident field and on the operating table. Thus the clinical features of the subject are placed in the forefront, which will make it a book necessary to every medical man. We of the homœopathic school cannot do better than to adopt this book in our colleges as a text-book and supplement the treatment given with our own therapeutics as found in our own therapeutic works. We certainly can commend this Surgery.

Serology of Nervous and Mental Diseases. By D. M. Kaplan, M. D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City. Octavo of 346 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50, net.

This is the only book that covers serology in nervous and mental diseases, and its intent is to answer such queries as may be suggested by the subject. The most extensive chapter is devoted to salvarsan, and the subject is treated in all its minutiæ, with the conclusion that salvarsan is still in the experimental stage. The book is really the last word on serology, and will be welcomed by those interested in the subject.

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EFFECTIVE TEACHING IN OUR COLLEGES.

WE have just read an excellent paper under the above caption by Dean Copeland, of the New York Homœopathic College, which was presented at the Institute at the Atlantic City meeting.

The following is a quotation therefrom which to our mind is worthy of careful reading and digestion:

"It is the duty and the one duty of the homœopathic college to teach and apply Homœopathy. If the institution is rich enough and fortunate enough to be able to do original work, it should not, in my opinion, spend its money blindly following the methods of research, laboratories, dog surgery, or investigation of rare and interesting diseases. I fear we have had no program; we have drifted along following the lines of least resistance."

As a matter of fact it has been the pathologists and possibly the bacteriologists who have done any work in research or original lines in our colleges for the past twenty-five years. It is true there has been here and there some fragmentary provings of drugs attempted by the materia medica departments, doubtless of some value, but we have not made the most of our opportunities. It is not possible in a college curriculum loaded to the muzzle with studies which require the student's time from daylight until dark during four years, for a student to devote sufficient time to investigations in the field of drug proving, or other original research in the homœopathic field. We have tried this several times and failed. But if we will accept the dictum of Dean Copeland that the one duty of a homœopathic college is to teach and apply Homœopathy, we will furnish time in our curriculum for the fullest carrying out of this duty.

Take the educational report of the Council on Medical Education issued last year and note the caption numbered 12, which is *Special Homœopathic Work*, and it will be seen first that the Council had in mind the necessity of such work, and second, that the colleges themselves nearly all recognized its importance. To recapitulate, College No. 1 had a trend rather to general than to special homœopathic work. College No. 2 had done nothing special but intended to do something soon. College No. 3 had done nothing originally homœopathic. College No. 4 had a laboratory in which it was stated that such work was done, but the Council has not heard of any being done. College No. 5 no work done. College No. 6 did work once and "hoped" to do some more some time. College No. 7 no work done at all. College No. 8 has done good work, and time has been set aside in which to do it. College No. 9 a little has been done but nothing doing now. College No. 10 nothing done or doing.

Practically, therefore, there is nothing doing in the homœopathic research field in any of our colleges. In some there is a kind of *manana* idea that work will be done some time.

We believe and have advocated that the Council on Medical Education should insist that a college to be in good standing should do a certain amount of homœopathic research work annually, and that time should be provided therefor in the curriculum.

The American Medical Association Council inspector counts the dogs, rabbits and guinea pigs in each college, and, if in his opinion there are not enough of them sacrificed on the altar of bacteriology or of pathology, that college is placed in a low class, depending somewhat on the pull of the faculty as to what the class is. In fact, animal experimentation is carried on in most of our own colleges, to teach what? Homœopathy or drug action? No, Research work is not done in this field. The dogs and pigs are used to teach what has already been taught thousands of times, and unless the vivisectionists eventually win out, will continue to be so used. This may be medical education, and it may be the function of the allopathic colleges to so teach it, but certainly it is not the function of the homœopathic

colleges to ape these useless procedures to the exclusion of homœopathic research.

There are some laboratories connected with some of our homœopathic colleges that could be well turned to the work in the strictly homœopathic field rather than to fields of pathologic research, or vaccine therapies, all of which if critically examined will be found to be founded for the commercial aggrandizement of the "Director" or "Reseacher" than for the development of the scientific or homœopathic side.

We believe thoroughly in Dean Copeland's idea that the homœopathic college should specialize in homœopathic research and teaching, but to do it there must be provision made for the time, the place, and the men.

GERMAN DRUGS.

THE *New York Herald*, which is usually sound on medical matters, has the following to say, editorially, respecting the effect of the European war on the procuring of German Drugs:—

"If the lack of a number of these recent German drugs, due to the war, will only break up the fashion of prescribing each new German remedy as it is announced—which unfortunately is a custom among a large number of the younger American physicians—it would be an unmixed blessing for this country. During the last twenty years many of these vaunted and highly advertised remedies have proved to be no better than the old fashioned materials which they displaced, and after trial they have lost their vogue. Not a few of those that have gone up in price because of the demand for them and their scarcity since the war began will surely share this fate when we know enough about them."

Possibly the *Herald* is not aware that the leading spirit of the Council on Pharmacy of the American Medical Association was also "Made in Germany" and hence the rulings of that Council to which is due the custom of the younger American physicians, especially those of the allopathic medical school, to prescribe each new German remedy as it is announced. The persistency with which they are announced solely in the Journal of the American Medical Association and the equal persistency with which old and tried remedies are frowned upon by the Council leads one to suspect very strongly that the Medical Trust is endeavoring to secure control of all drug matters as well as medical education, etc. Of course, the American Medical Association is not an association "for profit!"

The *Herald* is perfectly right in calling attention to the fact that these highly advertised remedies are no better than the old fashioned remedies they seek to displace and it is a still further fact that we have chemical and pharmaceutical concerns in the United States that manufacture quite as good and fully as useful drugs of all descriptions as they do in Germany or elsewhere.

In the homœopathic school we are dependent upon fresh plants, a few of which only grow in Germany, for our tinctures, but our pharmacists assure us that of these there is on hand a plentiful supply and if the war lasts we can still further diminish the amount given with no material injury to our patients; in fact, most of our expert prescribers assert that too much medicine is given anyway.

It is only the younger of the allopathic school who will furnish a demand for drugs "Made in Germany," and there may be some gain by their being obliged to study drug action at first hand rather than to secure it ready made from the Farben-Fabriken von Elberfeld Gesellschaft and other advertising literature.

A PROVING OF SANTONINE.

THE following from the Princeton Indiana Clarion is an excellent example of the action of Santonine—in toxic dosage. Homœopathic physicians will at once recognize the symptomatology, especially the symptom, "Objects appear yellow," for it is only the homœopathic physician who studies and is familiar with drug action:—

"An exceptionally sad instance of insanity has developed recently in this county. A well-to-do gentleman was taken with a slight indisposition and, like a wise man, he thought that he would take the matter in hand before it should develop into something more serious. He called upon his family physician, who prescribed thirty grains of santonine, to be taken in six grain doses, one hour apart. After the fourth dose the patient began to see nothing but yellow. Everything he looked upon took on the color of Gibson county tax receipts. The trees, the flowers, his wife and his children became yellow to his sight; even his drinking water and his pink necktie took on the hue of the primrose. He

became worried and restless. He refused food and could not sleep at night. From a mild state of unrest, he progressed until his ravings were most pitiable. Finally he had to be restrained, and placed in straitjacket. He had torn off his apparel and was insisting upon wearing a wrapper made of tax receipts sewn together with yellow twine. He had four sunflowers in his hat and four pounds of yellow puccoon in his left pant pocket. There never was a sadder case."

DR. EUGENE H. PORTER.

THE candidacy of Dr. Eugene H. Porter, of New York, is announced for Secretary of State. Dr. Porter made an enviable record as State Health Commissioner and our readers in the Empire State of all parties should not only give him their personal votes, but get out and do a little work for him. The having of a physician of our school of medicine in this high office should be a sufficient stimulus to do this work. If everyone of our physicians would secure ten votes there would be little doubt of his election and to secure ten votes for Secretary of State is easier than to get ten for Governor. Dr. Porter, moreover, deserves the support of all the voters in the State if only for his fine record as Health Commissioner, in which office he more than made good, which is an index of what he would do if elected as Secretary of State. Vote for Dr. Eugene H. Porter.

NEWS ITEMS.

FLORIDA.

Dr. Susan M. Hicks, formerly of Atlanta, Georgia, has retired and is now living at Indian Beach, Saratoga, Florida. Though retired the doctor still retains her interest in Homœopathy.

MICHIGAN.

The first meeting of the Western Michigan Homœopathic Medical Society was held on September 16 in Grand Rapids. Papers were read by Drs. Norris and Ruffe. Dr. C. E. Beeman is President and Dr. A. B. Smith Secretary of this energetic society.

MASSACHUSETTS.

Dean John P. Sutherland, of the Boston University School of Medicine, announced October 1st at the opening of the Medical School the gift of $100,000 for a Maternity Hospital. This news was a most welcome bit of news, for the plans had been made for this building some time since, but financial hard times caused an abandonment of the same. The donor, interested in the matter through Prof. and Mrs. Horace Packard, wishes for the present to be unknown. The building will be erected on the site of the present O. P. D. building. The Trustees of the Homœopathic Hospital will have the control of the building. The plans are drawn, contracts signed, and work will begin at once.

An unwelcome piece of news at the same gathering was that of the resignation of Dr. Frank C. Richardson as Registrar of the Medical School. Work at the Evans Memorial building is of such importance that Dr. Richardson feels he must devote his whole time to it. His place will be filled by Prof. Edward E. Allen, of the Faculty, professor in Anatomy. Dr. Allen is a Charlestown man.

A third item of news was the establishment of a travelling scholarship—the income from a fund given for this purpose to the school.

Dr. Horace Packard has returned from his trip to England.

Dr. H. Ulrich, who has been studying in the pathological laboratories in Berlin, has returned to Boston and will resume his work at the Evans Memorial.

Dr. John F. Lovell, 1908, has located at Sweet Grass, Montana.

Dr. Frank W. Mathewson, of Fairhaven, has accepted an interneship in the Homœopathic Hospital for a year.

Dr. Gardner H. Osgood has opened a Roentgen laboratory with a modern equipment for X-ray and fluoroscopic work at the Belvoir, 636 Beacon Street, Boston. Office hours, 3 to 4, and telephone, Back Bay 4711. Dr. Osgood has for several years been connected with the X-ray department of the Homœopathic Hospital, and is very successful in his line of work.

Dr. Louise Martha Sturtevant, of Somerville, a B. U. medical graduate, was recently married to Ex-Alderman David B. Armstrong, of Somerville.

Dr. George R. Southwick has returned from a trip to the Mayo Brothers' Hospital, Rochester, Minnesota.

The City Hospital, Boston, reports the largest number of patients with the smallest death rate in its history. There were 47,385 out-patients, and 15,237 in-patients. The death rate was .105 as compared with .107 last year. The per capita cost of the in-patients was $12.67. The net cost was $9.95.

Elizabeth Ross, M. D., has issued a card announcing that she is prepared to do clinico-pathological examinations at the medical school laboratories, 80 East Concord Street, Boston.

Dr. J. Holbrook Shaw, of Plymouth, has sent out two interesting reprints, one "Prophylactic Surgery of the Eye," from the *Journal of Ophthalmology, Otology and Laryngology*, and the other "Some Important Ocular Conditions Found in Backward Children, With Reports of Cases," from the Transactions of the Fourth International Congress on School Hygiene at Buffalo, August, 1913.

Dr. Allan J. McLaughlin, of the Public Health Service of the United States Government, has been appointed by Governor Walsh, of Massachusetts, as head of the newly organized State Board of Health at a

salary of $7,500 per year. This appointment has brought upon the Governor a storm of praise and criticism, many claiming that he could have found competent men right in the State for the work. He is still allowing Dr. McGrath to hold his position as Medical Examiner, and is being scored on that point. One daily has a remainder in its editorial columns each night, asking the Governor to either reappoint Dr. McGrath or get busy and appoint some one for the position.

The $250,000 St. Elizabeth's Hospital was opened in Brighton, September 1st. It is a Catholic institution, and opens free from debt of any kind, thanks to a ten days' campaign for funds held in Boston less than a year ago.

The Fred. H. Seavey Seminary Settlement, a part of the Morgan Memorial, will have Boston University medical men as physicians to examine the entrants and applicants for places in the settlement.

The regular meeting of the Boston District of the Homœopathic Society was held in the Evans Memorial, October 1, 1914, at 8 o'clock. Dr. Wilson F. Phillips presented a paper on "The Proper Dosage of Antitoxin;" Dr. Orville R. Chadwell, one on "Is Belladonna of Value in Scarlet Fever (with a report of 150 cases)?" and Edwin H. Place, M. D., of the South Department (contagious) City Hospital, a paper on "The Diagnosis and Differential Diagnosis of Scarlet Fever." The papers were followed by a general discussion.

Dr. W. H. Waters, of Boston, has been spending his summer with his family at his cottage at Point Independence, Onset.

L. F Keith, M. D.

NEBRASKA.

Maskell, a town of Dixon county, some 45 miles northwest of Sioux City, has neither physician nor druggist. It is in the midst of a fine country. The cashier of the bank writes:—"It seems to me that a young man who could install a small drug store, fill his own prescriptions and practice medicine could build up a very profitable business."

OHIO.

The College of Homœopathic Medicine of Ohio State University opened its doors for the reception and instruction of students upon September 22d last. This college, as is well known, constitutes the Cleveland College, which this fall became an integral part of the State University. It is believed that no homœopathic college ever began its existence under more favorable conditions. The president of the university and the other executive officers have shown marked interest in the new enterprise, and have done everything in their power to make the movement a success. Furthermore, the entire homœopathic profession of Ohio have acted as a unit in giving their support to the department. The enrollment considerably exceeds what the most sanguine expected. Fifty students are enrolled and have satisfied all entrance requirements. A considerable number of students have signified their intention of entering the college next year. Students from all sections of the country have enrolled, and there are present two students from India. So far as the physical equipment of the college is concerned, it may be stated that it comprises four rooms in the new Horticultural building, which are set aside for the exclusive use of the department. Besides, one of the university dormatories has been given the college for a hospital, and this building has been thoroughly renovated and remodeled so that thorough and complete hospital accommodations can now be afforded patients. Physicians are already sending cases to the hospital. A dispensary is being established in the down town portion of the city and a modern laboratory to be devoted exclusively to clinical diagnosis and pathology is in operation. The entire equipment of the Cleveland College has been moved to Columbus, including the library. As to entrance requirements, the minimum legal requirements are in force this year, but next year one term of college work will be demanded of prospective students, and within two years the requirement will be raised to two years of college studies.

A. E. Hinsdale.

PENNSYLVANIA.

Hahnemann Medical College, Philadelphia, Pa., opened for the coming session on Monday evening, September 28th, in College Hall. The invocation was given by Rev. Floyd W. Tompkins, who, as well, gave an address of welcome to the incoming class, both medical and pre-medical. The college address was given by Dr. F. Widman, Professor of Physiology.

A feature of the occasion was the stupendous applause given the retiring Dean, Dr. Wm. B. Van Lennep, both by student body and Alumni alike.

Dr. Wm. A. Pearson, the new Dean pro tem., was given a hearty welcome, he having been elected by the Faculty to take the place of Dr. Van Lennep, who had resigned at the close of his official year, having served as Dean during the past four years, during which time Dr. Van Lennep succeeded in accomplishing many important matters, mainly the reconstruction of the curriculum and methods of teaching to conform with the latest modern ideas; the building of new laboratories for the teaching of pathology, physiology, pharmacology, etc., the opening of a modern medical laboratory in connection with the hospital for the use of the students and physicians; the inauguration of a movement to raise a permanent endowment fund and the development of policy of meeting frankly and fully all reasonable demands on the part of the medical educators and licensing boards that had, as their object, the improvement of medical education. All of this is attested to by the fact of the unusually large medical class which has matriculated for this year. While the Freshmen Class is quite satisfactory in numbers, it could hardly be expected to be as large as the previous year because of the increased requirements demanded by the Pennsylvania State Board of Medical Education and Licensure.

Dr. Van Lennep will retain the Professorship of Surgery and will continue his teachings in that branch as heretofore.

The new Dean, Dr. Wm. A. Pearson, has entered into his work with a wholesouled spirit of enthusiasm, which is so characteristic of him, and with the cordial and hearty support of the Ex-Dean, Dr. Van Lennep, the institution expects to continue going forward in the same rapid strides.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, September 10th, 1914, at 8:30 o'clock. Dr. Frank O. Nagle read an interesting paper on "The Ocular Symptoms of Tabes," after which a hearty discussion took place. The scientific session was followed by a social hour, which was thoroughly enjoyed by all present.

WM. M. SYLVIS, M. D., *Secretary.*

The Oxford Medical Club of Philadelphia, Pa., held its regular monthly meeting at the Union League. The host, Dr. C. M. Brooks, read a paper, entitled "The Influence of the Sexual Glands Upon Vitality and Long Life," and which proved to be a very interesting feature of the meeting. There was a full attendance of members and a delightful time was had by those present.

C. W. SIMMONS, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the Hotel Phœnix, Willow Grove, Pa., on Wednesday, July 15th, 1914. Dr. W. C. Powell presented a well prepared paper which was thoroughly enjoyed by a large number of members, the title being "Clinical Observations." Keen interest was shown at this meeting and many important topics were discussed.

JOHN D. BOILEAU, M. D., *Secretary.*

On July 23, 1914, at Reading, Pa., a meeting was held at the Summit Hotel to organize an Auxiliary of the Alumni Association of Hahnemann Medical College, Philadelphia. Prof. Wm. A. Pearson, new Dean of Hahnemann Medical College, addressed the meeting in a very able manner. Dr. L. T. Ashcraft also made an address. The following doctors were elected to serve as officers of the Auxiliary: President, Dr. F. W. Boyer, Reading, Pa.; Secretary, E. K. Golding, Reading, Pa., and D. C. Kline was elected representative to the Faculty of Hahnemann. The meeting was well attended and great interest shown by those present.

The Schuylkill County Homœopathic Medical Society held its regular monthly meeting at Tumbling Run, Pa., on July 30th, 1914, at 12:30 P. M. Many interesting papers were read and among many noted physicians present were Dr. Wm. A. Pearson, Dean of Hahnemann Medical College; Dr. D. P. Maddux, Chester, Pa., member of the State Board of Examiners; Dr. H. P. Leopold, Philadelphia; Dr. C. J. Palen, Philadelphia, and Dr. D. Bushrod James, Philadelphia, all of whom delivered very able addresses. Many members were present from the Lehigh Valley Homœopathic Medical Society and other medical societies throughout the State. Dinner was served at a convenient hour at which all did justice. The meeting was one of the most successful ever held and was largely attended.

F. M. QUINN, M. D., *Secretary.*

The Beaver County Homœopathic Medical Society held its regular monthly meeting at the office of Dr. T. L. Blackledge, Brighton Heights, Thursday, June 11th, 1914. Surgery and many important topics were discussed at this meeting. The honor guests of the evening were Drs. W. A. Stewart and S. B. Moon, of Pittsburgh, Pa., the latter formerly a Beaver Falls physician. Dr. Stewart gave a most interesting talk on "Surgery" and Dr. Moon spoke on "The Eye." Dr. Wm. Raymer, Dean of the homœopathists of the county, addressed the society on "Native Medicinal Herbs." The meeting was an enjoyable one and was attended by a large number of members.

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the Hotel Phœnix, Willow Grove, Pa., on Wednesday, August 19th, 1914. A well prepared paper was read by Dr. F. Watson, the title being "Hyoscyamus." There was a full attendance of members and the meeting was a delightful one.

JOHN D. BOILEAU, M. D., *Secretary.*

PERSONALS.

Mr. and Mrs. Harry Vincent Hall announce the marriage of their daughter, Martha Reinhart, to Dr. R. Franklin Hill, Wednesday, August the 26th, 1914, Philadelphia. At home after November the 1st, 6026 Catharine street.

OBITUARY.

Dr. James Robie Wood.

New Brighton, N. Y., æt. 77, August 9. Dr. Wood was a practitioner of Homœopathy in New York for many years.

Dr. Caleb S. Middleton.

Philadelphia, June 24, æt. 75 years. Homœopathic Medical College of Penn., 1862.

Dr. George Soule.

Wickford, R. I., June 23, æt. 60. Boston University School of Medicine, 1878.

Dr. Thomas W. Embley.

New York, June 28, æt. 40. Hahnemann Medical College of Philadelphia, 1896.

Dr. Bret Nottingham.

Lansing, Mich., May 26, æt. 36 years. New York Homœopathic Medical College, 1901.

Dr. Lewis H. Clapp.

Brooklyn, N. Y., May 17, 1914, æt. 33 years. New York Homœopathic Medical College, 1904.

Dr. Jeptha C. Clark.

Andover, N. J., May 16, æt. 54. New York Homœopathic Medical College, 1885.

Dr. Howard B. Gates.

Los Angeles, Cal., May 8, æt. 47. New York Homœopathic Medical College, 1895.

Dr. Walter F. Appleton.

Passaic, N. J., July 30, æt. 35 years. New York Homœopathic Medical College, 1906.